

FORM C/OH  
COVER SHEET PG 1

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Maso, Maher

M. (Mr.)

15 ACCOUNT # (Ethics Commission filers)

### 16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

### 17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

1,800.00

### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

32.58

4. TOTAL POLITICAL EXPENDITURES

\$

1,516.91

### CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

2,152.40

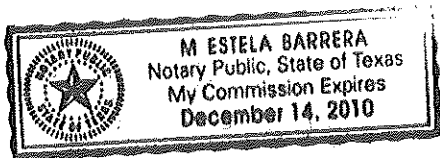
### OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0.00

### 18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Maher Maso*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maher Maso, this the 14th day of January, 2010, to certify which, witness my hand and seal of office.

*M. Estela Barrera*

Signature of officer administering oath

M. Estela Barrera

Print name of officer administering oath

Sr. Admin Asst

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/7	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  07/01/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Del & Ann  6 Contributor address; City; State; Zip Code 2745 Montreaux Dr Frisco, TX 75034	7 Amount of contribution (\$)  \$300.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) Dallas Mavericks	
Date  12/18/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rinker, Martin (Mr.)  Contributor address; City; State; Zip Code 7400 Gaylord Parkway Frisco, TX 75034	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trepac/Texas Association of Realtors  Contributor address; City; State; Zip Code p.o. box 2246 Austin, TX 78768	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  12/18/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Barbara  Contributor address; City; State; Zip Code 7400 Gaylord Parkway Frisco, TX 75034	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 1/2 Report: 4/7

2 FILER NAME Maso, Maher M. (Mr.)

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Chili's Restaurant

7

Amount  
(\$)

07/22/2009

6 Payee address; City; State; Zip Code

8250 Hwy 121  
frisco, TX 75034

\$79.69

8 Purpose of payment (See instructions regarding type of information required.)

Volunteer Meeting - refreshments/food

9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Chili's Restaurant

Amount  
(\$)

12/16/2009

Payee address; City; State; Zip Code

8250 Hwy 121  
frisco, TX 75034

\$40.90

Purpose of payment (See instructions regarding type of information required.)

Volunteer Meeting - refreshments/food

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Constant Contact

Amount  
(\$)

12/31/2009

Payee address; City; State; Zip Code

1601 Trapelo Road  
Suite #329  
Waltham, MA 02451

\$812.76

Purpose of payment (See instructions regarding type of information required.)

Marketing Services - E-mail List Services for 1 year.

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Paypal

Amount  
(\$)

12/18/2009

Payee address; City; State; Zip Code

P.O. Box 45950  
Omaha, NE 68145

\$7.55

Purpose of payment (See instructions regarding type of information required.)

Bank Credit Card Processing Fee - paypal fee on contribution

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/2 Report: 5/7**2** FILER NAME Maso, Maher M. (Mr.)**3** ACCOUNT # (Ethics Commission filers)**4** Date

12/18/2009

**5** Payee name

Paypal

**7** Amount  
(\$)

\$7.55

**6** Payee address; City; State; Zip CodeP.O. Box 45950  
Omaha, NE 68145**8** Purpose of payment (See instructions regarding type of information required.)

Bank Credit Card Processing Fee - paypal fee on contribution

(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/2 Report: 6/7

2 FILER NAME Maso, Maher

M. (Mr.)

3 ACCOUNT #

(Ethics Commission filers)

4 Date  07/13/2009	5 Payee name Constant Contact	8 Amount (\$)  \$79.69
	6 Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451	
	7 Purpose of expenditure (See instructions regarding type of information required.) Marketing Services - E-mail List Services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  08/13/2009	Payee name Constant Contact	Amount (\$)  \$79.69
	Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451	
	Purpose of expenditure (See instructions regarding type of information required.) Marketing Services - E-mail List Services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  09/13/2009	Payee name Constant Contact	Amount (\$)  \$79.69
	Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451	
	Purpose of expenditure (See instructions regarding type of information required.) Marketing Services - E-mail List Services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  10/13/2009	Payee name Constant Contact	Amount (\$)  \$79.69
	Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451	
	Purpose of expenditure (See instructions regarding type of information required.) Marketing Services - E-mail List Services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  11/13/2009	Payee name Constant Contact	Amount (\$)  \$79.69
	Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451	
	Purpose of expenditure (See instructions regarding type of information required.) Marketing Services - E-mail List Services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/2 Report: 7/7

2 FILER NAME Maso, Maher

M. (Mr.)

3 ACCOUNT #

(Ethics Commission filers)

4 Date

12/14/2009

5 Payee name  
Constant Contact

6 Payee address; City; State; Zip Code  
1601 Trapelo Road  
Suite #329  
Waltham, MA 02451

7 Purpose of expenditure (See instructions regarding type of information required.)  
Marketing Services - E-mail List Services

(If travel outside of Texas, complete Schedule T) ☐

8 Amount  
(\$)

\$79.69

☒ Reimbursement  
from political  
contributions  
intended

Date

09/28/2009

Payee name  
Godaddy

Payee address; City; State; Zip Code  
14455 N. Hayden Rd #219  
Scottsdale, AZ 85260

Purpose of expenditure (See instructions regarding type of information required.)  
Domain name registration

(If travel outside of Texas, complete Schedule T) ☐

Amount  
(\$)

\$46.87

☒ Reimbursement  
from political  
contributions  
intended

Date

10/27/2009

Payee name  
Godaddy

Payee address; City; State; Zip Code  
14455 N. Hayden Rd #219  
Scottsdale, AZ 85260

Purpose of expenditure (See instructions regarding type of information required.)  
Domain name registration

(If travel outside of Texas, complete Schedule T) ☐

Amount  
(\$)

\$10.87

☒ Reimbursement  
from political  
contributions  
intended